

Date: Wednesday, February 9, 2005  
 Member Present: D. Batsie, R. Chase, S. Latulippe, P. Marcolini (Chairman), D. Palladino, R. Petrie, D. Robishaw, B. Zito  
 Absent: M. Barter, D. Boucher, J. Caron, B. Chamberlin, D. Cornelio, B. Davis, L. Delano, S. Diaz, D. Russell, S. Stewart-Dore, J. Wellman

Guests:  
 Timekeeper:  
 Scribe: D. Corning  
 Meeting Opened at: 0912

TOPIC	DISCUSSION/ACTIONS TAKEN	FUTURE ACTION
1. Introductions	1. No introductions were necessary.	1. No action items necessary.
2. Ratification of Minutes	2. Motion: To accept January minutes as presented. Petrie/Palladino Passed	2. No action items necessary.
3. Staff Report	3. Dwight reviewed pertinent items from the Operations Team and Board meetings, including the following: <ul style="list-style-type: none"> <li>✓ A new E-Run Reporting RFP had to be sent out because our bid specs changed from requiring Oracle to Sequel Server. The RFP has been posted and bids must be received by February 15. If we end up selecting a company with a product already in place in other states, we could be up and running by the end of the year.</li> <li>✓ Joanne is developing an I/C lesson plan to go along with the Step-Up to MCI program. It will combine the independent study design of the Step-Up program with a classroom instructor, and will also include pediatric considerations.</li> </ul>	3. No action items necessary.
4. Old Business	4.	4.
a. Develop an I/C Ethics Statement	a. Dan B. shared an example of an Ethics statement from EMCC. Dan B. & Dan P. will work together on a sample I/C Ethics statement for next months meeting, as well as looking at a corollary statement for students. Dwight will provide the pertinent sections of the Maine EMS Rules to guide the committee in what areas of Ethics Maine EMS could take action against. Any regions that have current I/C guidelines are asked to forward these to Dan & Dan.	a. <b>Dan B. &amp; Dan P.</b> to prepare a sample for the next meeting. <b>Dwight</b> to provide pertinent areas of Rules.

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|---------------------------|---|--|
| b. Airway Module          | b. The Airway Module program has been approved, now the MDPB needs to provide the Train-the-Trainer program for I/C's. Dan B. will make contacts for teaching supplies for each region. The Education Committee recommendation is that one has to be an I/C to teach the airway module, and only after having completed the airway module instructor program. The committee also recommends that the airway module be added into all new licensure programs beginning after April 1, 2005. Motion: The Education Committee recommends the Airway Module Train-the-Trainer for I/C's be taught by a core group of Education Committee members and MDPB members or their designee.<br>Petrie/Palladino Passed The expectation of Education Committee members present is to be willing to provide this training without expectation of pay. The committee recommends the 1 <sup>st</sup> T-t-T be done in two sessions in 1 day (0800-1200 and 1300-1700) with 24 I/C's in each session. The committee feels that this should be mandatory training for all levels of I/C's for the following reasons: <ul style="list-style-type: none"><li>✓ Recommended by the Operations Team.</li><li>✓ Program includes a lot of important basic information.</li><li>✓ It is worthwhile for BLS I/C's to watch ALS skills.</li><li>✓ Breaking the BLS portion out of the ALS program would diminish the program. (Could do a cut about ½ way through, but not recommended).</li></ul> Dan B. reviewed the PowerPoint material and will update the slides so that "mandatory" equipment and training reflects pending rules changes. | b. No action items necessary.  |
| c. ALS Refresher Contents | c. The committee needs to continue reviewing the 2001 EMT-Paramedic NSC Refresher Curriculum for possible implementation as the Maine EMS ALS Refresher program, and needs to determine what parts, if any, an EMT-Intermediate would not need to attend.   | c. <b>All</b> to come prepared to discuss the EMT-Paramedic NSC Refresher Curriculum in March. |
| 5. New Business:          | 5.  | 5.   |
| a. PIFT                   | a. The MDPB will be reviewing the overview document at their next meeting, and it could be referred to the Education Committee as soon as our March meeting.  | a. No action items necessary.  |

b. March Meeting

b. Dwight advised that he would not be available for the March meeting. The Committee decided to hold the March meeting as scheduled with another member keeping minutes for that meeting.

b. No action items necessary.

**Meeting adjourned at 11:50.**

**Next Meeting: March 9, 2005.**

**16 DEPARTMENT OF PUBLIC SAFETY****163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 9: INSTRUCTOR COORDINATOR CERTIFICATION**

Certifications are issued for the following levels of Instructor Coordinators:

Lead Instructor - Basic Life Support (BLS)- a person certified at the Lead Instructor - BLS level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, and EMT-Basic license levels.

Lead Instructor - Intermediate - a person certified at the Lead Instructor - Intermediate level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, EMT-Basic and EMT-Intermediate license levels.

1. Lead Instructor - Paramedic - a person certified at the Lead Instructor - Paramedic level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, EMT-Basic, EMT-Intermediate, EMT-Critical Care, and EMT-Paramedic license levels.

**§1.** Certified Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator certifications are valid for a period of three years, or as otherwise determined by Maine EMS.

**§2.** To obtain and maintain a new or renewed Instructor Coordinator certification, the applicant must:

1. Be at least 18 years of age.
2. Be able to write, speak, and understand the English language.
3. Possess 3 years experience in emergency or critical care medicine.
4. Submit the following to Maine EMS:
  - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
  - B. Proof of education consistent with current Maine EMS curriculum at the:

EMT-Basic level, if applying for Lead Instructor-BLS certification.

EMT-Intermediate level, if applying for Lead Instructor – Intermediate certification.

EMT-Paramedic level, if applying for Lead Instructor – Paramedic certification.

- C. Certification of training showing completion of a Board-approved instructor coordinator training program at the appropriate level or a program judged by Maine EMS to be equivalent. The initial course may be replaced by:
    - 1. Maine EMS-approved continuing education hours - 24 hours in category 7, Instructor Coordinator Recertification - specifically designed to address educational issues and approved by Maine EMS, provided that:
      - (a) The applicant's Maine Instructor Coordinator certification is current or not expired by more than three years; and
      - (b) Certificates of continuing education hours have not been used for a previous certification renewal and have been earned within the past three years.
      - (c) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling recertification requirements.
  - D. Any history of criminal convictions or actions against a professional license that the applicant currently holds, or has ever held.
5. The Board may refuse to issue or renew a certification, or may modify, suspend, or revoke a certification, if an applicant or certified Instructor Coordinator engages, or attempts to engage in any of the following conduct:
- A. Obtaining a certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
  - B. Violating a lawful order, regulation, or rule of the Board.
  - C. Violating any of the provisions of 32 MRSA, Chapter 2-B.
  - D. Any criminal conduct or conviction, subject to the limitations of Maine statute.
  - E. Acting in ways that are dangerous or injurious to the public.
  - F. Acting unprofessionally. Unprofessional conduct includes:
    - (d) Renting or lending a certification to another person.
    - (e) Addiction to a drug, including alcohol, or instructing while under the influence of drugs or other substances, whether or not the use of such substances is habitual.

(f) Obtaining a fee by fraud or misrepresentation.

(g) Failure to provide program or course documentation when required or requested by Maine EMS.

G. Incompetent practice. A certified Instructor Coordinator shall be deemed incompetent in the practice if the instructor has:

2. Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the Instructor to a client or student;  
or
3. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the instruction for which he or she is certified.

H. Losing certification, when the certification is a necessary condition of certification as an Instructor Coordinator. For instance, a person certified in Maine on the basis of training obtained in another state would lose his or her Maine certification if the other state revoked his or her certification.

I. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.

J. Selling, bartering, or offering to sell or loan a certification.

K. Purchasing or procuring by barter, a certification with intent to use it as evidence of the holder's qualification as an Instructor Coordinator.

L. Altering a certification or procuring a certification by falsifying documents or course cards.

M. Using or attempting to use as a valid certification a certificate that has been purchased, fraudulently obtained, counterfeited, or materially altered.

N. Willfully making a false statement in an application for a certification or renewal of a certification, or in any activity or documents intended to be used to satisfy a requirement for certification.

O. Providing instruction at a level for which a person or training entity is not certified to provide.

P. The practice of fraud or deceit in connection with service rendered within the scope of the certification issued.

Q. Habitual intemperance in the use of narcotic, hypnotic, alcohol, or other substances, the use of which has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.

R. A professional diagnosis of a mental or physical condition that has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.

8. Disciplinary action and appeals procedures shall be in accordance with chapter 12 of these Rules.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982  
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067  
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
September 1, 1986  
August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
July 1, 1988  
March 4, 1992  
September 1, 1996  
EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
REPEALED AND REPLACED: July 1, 2000  
July 1, 2003

**16 DEPARTMENT OF PUBLIC SAFETY****163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 14: SEXUAL MISCONDUCT****§1. Definitions**

6. **“EMS Provider”** is an individual who is licensed or certified according to the provisions of 32 M.R.S.A. §81 et seq. and the Maine EMS rules.
7. **“EMS Provider sexual misconduct”** is behavior that exploits the EMS Provider-patient relationship in a sexual way. This behavior is nondiagnostic and/or nontherapeutic, may be verbal or physical, and may include expressions or gestures that have a sexual connotation or that a reasonable person would construe as such. Sexual misconduct is considered incompetent professional practice and unprofessional conduct pursuant 32 M.R.S.A. 90-A.5.E. and F. and Chapter 11 of the Maine EMS Rules. There are two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in either category may be the basis for disciplinary action.
8. **“Sexual violation”** is any conduct by a EMS provider with a patient that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to:
  - A. Sexual intercourse, genital to genital contact;
  - B. Oral to genital contact;
  - C. Oral to anal contact or genital to anal contact;
  - D. Kissing in a sexual manner;
  - E. Any touching of a body part for any purpose other than appropriate examination or treatment.
  - F. Encouraging the patient to masturbate in the presence of the EMS provider or masturbation by the EMS provider while the patient is present; and,
  - G. Offering to provide practice-related services, such as drugs, in exchange for sexual favors.



9. “**Sexual impropriety**” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
- A. Kissing;
  - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
  - C. Examination or touching of genitals without the use of gloves;
  - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
  - E. Using the EMS provider-patient relationship to solicit a date or initiate romantic relationship;
  - F. Initiation by the EMS provider of conversation regarding the sexual problems, preferences, or fantasies of the EMS provider, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

## §2. Sanctions

10. If the Board finds that a licensee has engaged in sexual misconduct as defined in §1 of this chapter, the licensee shall be disciplined in accordance with Maine statutes and these Rules.
- A. All disciplinary sanctions under 32 M.R.S.A § 88.3 and 32 M.R.S.A § 90-A.5. are applicable.
  - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.
  - C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh sanction, which may include license revocation.
11. Special consideration should be given to at least the following when determining an appropriate sanction for sexual misconduct;
- A. Patient harm;

- B. Severity of conduct;
- C. Motive and intent of licensee;
- D. Inappropriate termination of EMS provider-patient relationship;
- E. Age of patient;
- F. Physical and mental capacity of patient;
- G. Frequency and duration of behavior;
- H. Number of patients involved;
- I. Evaluation/assessment results.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

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